to insure himself that this drug does not have a risk beyond a certain potential. This is the drug of choice, so to speak. I don't think you can excuse him by saying he is ignorant today.

Senator NELSON. I don't say there is any excuse for that, but I say that ignorance on the part of the physician would appear to me to be the best explanation thus far. We had testimony recently, as you are aware, from three distinguished doctors on chloromycetin. I asked them to estimate what percentage of the patients who receive chloramphenicol should actually receive it. All three said it would be a guess on their part, but they were in agreement that the drug was way overprescribed, and their guess would be that around 90 percent of the people who received it should not have received it at all.

Dr. WESTON. Yes, I think it is higher than that. I don't think that even 90 percent of the people should have received it. I think it is probably indicated today in less than 1 percent of the people that received it.

Senator NELSON. In other words, in less than 1 percent of the cases in which chloramphenicol was prescribed it was in fact indicated?

Dr. WESTON. Yes, sir. Now, you have got to take it almost year for year, remembering that during certain periods there is no question but that it was the drug of choice in certain conditions. Then other antibiotics came onto the scene. That is why any legislation or any attempt to control it has to take into consideration what is going on with all the antibiotics at any one time.

Senator NELSON. Obviously, then, there is a vast amount of overprescription of this drug. Three recent witnesses thought that not more than 10 percent of those who receive the drug should receive it and you think not more than 1 percent. On balance, then, what is your judgment as to how much good this drug has done versus how much harm it has done?

Dr. WESTON. Well, there are several ways of equating this. If you take as positive indications what was a positive indication, there are some things you will have to say you do not know, but if you take on the positive side of the ledger those things for which it was positively indicated until the advent of tetracycline and Ampicillin, you would be dealing pretty much with Salmonella infections, rickettsial infections, and other infections in which the patient is either sensitive or in which the micro-organism is resistant to the antibiotic, this is the thing. You cannot throw in any type of formula because they did not run a culture to begin with, so you do not know whether the organism would have been sensitive to penicillin or streptomycin or sulfanamide or in the wider spectrum one of the other antibiotics at that time.

On the other hand, if you want to take 300-some-odd cases of typhoid that occur in a year, between 100 and 200 cases of rickettsial diseases, and figure that every one of those would be fatal if it had not been treated, then figured out on the basis of that, and take Parke, Davis' own figures in terms of grams and divide them up into five-gram doses, using California statistics which I firmly believe are the most accurate as far as the incidence of fatal blood dyscrasia, you would wind up with somewhere in the neighborhood of 2,250 people on a four and a half gram dosage who would have an untoward—a fatal blood dyscrasia in a year from Chloromycetin as contrasted with 500